

**FEE TRANSMITTAL**

Electronic Version v08

Stylesheet Version v08.0

<b>Title of Invention</b>	ADHESIVE BACKED DISPLAYS																				
Application Number : Date : First Named Applicant: Mr. Jonathan D. Albert Attorney Docket Number: H-427 Art Unit: 2674 Examiner : Ms. Regina Liang																					
<b>TOTAL FEE AUTHORIZED \$ 770</b>  Patent fees are subject to annual revisions on or about October 1st of each year.																					
Filing as large entity  BASIC FILING FEE																					
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>770</td><td>770</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 770</td></tr></tbody></table>		Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	1001	770	770	Subtotal For Basic Filing Fees: \$ 770											
Fee Description	Fee Code	Amount \$	Fee Paid \$																		
Utility Filing Fee	1001	770	770																		
Subtotal For Basic Filing Fees: \$ 770																					
EXTRA CLAIM FEES																					
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 15</td><td>0</td><td>1202</td><td>18</td><td>0</td></tr><tr><td>Independent Claims : 2</td><td>0</td><td>1201</td><td>86</td><td>0</td></tr><tr><td colspan="5">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table>		Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 15	0	1202	18	0	Independent Claims : 2	0	1201	86	0	Subtotal For Extra Claims Fees: \$ 0				
Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$																	
Total Claims : 15	0	1202	18	0																	
Independent Claims : 2	0	1201	86	0																	
Subtotal For Extra Claims Fees: \$ 0																					
<b>AUTHORIZED BILLING INFORMATION</b> <b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>  Deposit account number: 501162 Access Code ***** Deposit name: E Ink Corporation Deposit authorized name: David J. Cole Signature: /Shipley/ Date (YYYYMMDD): 2004-09-02  Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.																					